

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-20631
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 05812
7. Lease Name or Unit Agreement Name Flying "M" (SA) Unit Tract 15
8. Well No. 2
9. Pool name or Wildcat Flying "M" (SA)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	
2. Name of Operator Coastal Oil & Gas Corporation	
3. Address of Operator P. O. Box 235, Midland, Texas 79702	
4. Well Location Unit Letter <u>N</u> : <u>659.6</u> Feet From The <u>South</u> Line and <u>1985.4</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>9-S</u> Range <u>33-E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4352.4 Gr.	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. POOH with tbg and packer.
2. GIH with bit, clean out fill to + 4500'. Circ hole clean, POOH.
3. GIH with packer, acidize perms with 2000 gal 20% NEFE.
4. Swab back load. POOH with workstring.
5. GIH with lined tubing and packer.
6. Set packer and press test ann to 500#.
7. Put well back on injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bobby L. Smith TITLE Area Superintendent DATE 6-24-91
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915 682-7925

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 26 1991

RECEIVED

JUN 25 1991

LIBRARY